

Environmental Engineering  
and Pollution Control/3M

PO Box 33331  
St. Paul, Minnesota 55133  
612/778-4791

June 9, 1981

**3M**

U.S.EPA Region 6  
Sites Notification  
Dallas, Texas 75270

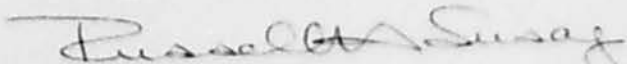
Dear Sir:

Under provisions of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 3M is, with this letter, submitting U.S.EPA Form 8900-1, Notification of Hazardous Waste Site.

One form is submitted covering one site in U.S.EPA Region 6. This site is located at Brownwood, Texas.

The information included in this form is based upon our knowledge, belief, recollection, and reasonably available records. Please send an acknowledgment of receipt of this notification.

Sincerely,



Dr. Russell H. Susag, Director  
Environmental Engineering

RHS/jp

3M Co  
TXD001806868  
SUPERFUND FILE

FEB 02 1993

REORGANIZED

# EPA Notification of Hazardous Waste Site

TXS-000-001-177 000336

United States  
Environmental Protection  
Agency  
Washington DC 20460

RECEIVED

JUN 10 1981

GAEP

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

## A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name 3M Company

Street P.O. Box 33331

City St. Paul

State MN

Zip Code 55144

## B Site Location: TXD 48-062-5378

Enter the common name (if known) and actual location of the site.

Name of Site 3M Brownwood, Texas

Street P.O. Box 1669 (Prady Hwy., U.S. Hwy 377)

City Brownwood

County Brown

State Texas

Zip Code 76801

## C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Susag, Dr. Russell H., Director

Phone 612-778-4468

Environmental Operations

## D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1965

To (Year) 1976

## E Waste Type: Choose the option you prefer to complete

**Option 1:** Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

### General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☒ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☒ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☐ Mixed Municipal Waste
- 10. ☐ Unknown
- 11. ☒ Other (Specify)

Incinerator Ash

### Source of Waste:

Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☐ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☐ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☐ Unknown
- 18. ☒ Other (Specify)

Film & Paper Ctg.

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

### Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.




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**F Waste Quantity:**

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

**Facility Type**

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) \_\_\_\_\_

**Total Facility Waste Amount**

~~cubic feet~~ 10,000 tons

gallons \_\_\_\_\_

**Total Facility Area**

square feet \_\_\_\_\_

acres Approximately 50 (est.)

**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

**Note:** Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

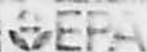
Name Dr. Russell H. Susag, Director  
Environmental Operations

Street Box 33331

City St. Paul State MN Zip Code 55144

Signature *Russell H. Susag* Date 06/09/81

- ☒ Owner, Present  
☐ Owner, Past  
☐ Transporter  
☐ Operator, Present  
☐ Operator, Past  
☐ Other



# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you receive a printed label, affix it in the space at left. If not, information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a printed label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING and ATTENTION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

TXD001806868

NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PO BOX 1888  
BROWNWOOD

TX 76801

III. LOCATION OF INSTALLATION

CAMP BOWIE MILITARY AREA  
BROWNWOOD

TX 76801

## FOR OFFICIAL USE ONLY

COMMENTS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00
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INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED

TXD001806868

8/10/80

001556

## I. NAME OF INSTALLATION

3M BROWNWOOD TCP

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST

ZIP CODE

4

*see amendment letter*

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST

ZIP CODE

6

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

LEWIS RANDALL SR ENVIRON ENGR 612-778-4594

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

3M COMPANY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL  
M - NON-FEDERAL

M

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

3M Co  
TXD001806868

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

AUG 18 1980

C. INSTALLATION FILE NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1
F 0 0 2
23 - 24
7
25 - 26

2
F 0 0 3
27 - 28
8
29 - 30

3
F 0 0 5
31 - 32
9
33 - 34

4
F 0 0 1
35 - 36
10
37 - 38

5
39 - 40
11
41 - 42

6
43 - 44
12
45 - 46

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13
47 - 48
19
49 - 50

14
51 - 52
20
53 - 54

15
55 - 56
21
57 - 58

16
59 - 60
22
61 - 62

17
63 - 64
23
65 - 66

18
67 - 68
24
69 - 70

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31
71 - 72
37
73 - 74

32
75 - 76
38
77 - 78

33
79 - 80
39
81 - 82

34
83 - 84
40
85 - 86

35
87 - 88
41
89 - 90

36
91 - 92
42
93 - 94

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, primary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49
95 - 96
97 - 98

50
99 - 100
101 - 102

51
103 - 104
105 - 106

52
107 - 108
109 - 110

53
111 - 112
113 - 114

54
115 - 116
117 - 118

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)☒ 2. CORROSIVE  
(D002)☒ 3. REACTIVE  
(D003)☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (Type or print)

DATE SIGNED

C. Randall Lewis  
Sr. Environmental Engineer

8/13/80